

BEST AVAILABLE COPY

Nau

CLAIMS ONLY							Application Number 10/606463	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	
2		/					52	
3							53	
4							54	
5		/					55	
6			/				56	
7							57	
8							58	
9							59	
10		/					60	
11							61	
12			/				62	
13							63	
14							64	
15							65	
16		/					66	
17							67	
18			/				68	
19							69	
20			/				70	
21							71	
22			/				72	
23		/					73	
24							74	
25		/					75	
26							76	
27		/					77	
28							78	
29							79	
30							80	
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41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep	5						Total Indep	
Total Depend	19						Total Depend	
Total Claims	24						Total Claims	